

Oglala Lakota College Application for Leave

Name: _____ Department: _____

Types of leave available, please list type of leave taken and number of hours of leave taken on chart below.

Sick: (SL), Annual: (AL), Personal:(PL), Consulting: (CN), Compensatory: (CP), LWOP

From: Date/Hour	To: Date/Hour	Total Time	Amount & Type of Leave Taken

**I agree that any leave in excess of amount available to me will be LWOP (Leave Without Pay).

Applicant's Signature

Date

Supervisor Signature

Date

Approval _____

Disapproved/Reason for: _____
